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**BLOCK GRANTING MEDICAID UNDERMINES CRITICAL COVERAGE FOR PEOPLE WITH HIV AND HEPATITIS**

*Capped Funding For Medicaid Would Hamper State Efforts to Turn the Tide on Epidemics*

Washington, DC—Today, the Trump Administration released guidance about how states can use waivers to cap funding for the part of their Medicaid program that covers adults with incomes up to 138 percent of the federal poverty level ($17,236 for an individual in 2020), which was authorized by the Affordable Care Act.

“The policy described today, in combination with other administration proposals to restrict state access to federal Medicaid funding is a cynical effort to reduce access to health care for people who can’t afford to buy insurance. And to make it even worse, it will also undermine the Ending the HIV Epidemic Initiative the administration unveiled just a year ago,” said Michael Ruppal, Executive Director of The AIDS Institute. “Don’t be fooled - the exception for drugs used to treat HIV does not protect people living with or at risk of HIV from the limitations a block grant will create for state Medicaid programs.”

Medicaid expansion has arguably been among the most successful aspects of the Affordable Care Act. Some 37 states have expanded Medicaid to adults with low incomes, providing coverage for more than 16.9 million people as of September 2017.¹ Among those are many individuals who live with, or are at risk of, HIV, hepatitis and other serious chronic diseases. According to recent statistics, more than 42 percent of

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1. [Medicaid and Enrollment Changes Following the ACA](https://www.macpac.gov/), MACPAC, Medicaid and CHIP Payment Advisory Commission.
people living with HIV rely on Medicaid for access to critical health care that keeps them alive, healthy, and unable to transmit the virus to others.²

Medicaid is the backbone of the Trump administration’s proposal to end the HIV epidemic. It covers HIV testing, treatment, and prevention services as well as a full compendium of health care services such as substance abuse treatment, which can prevent the spread of HIV. Medicaid coverage is also key to ending the viral hepatitis epidemics gripping our nation by providing testing and hepatitis A and B vaccination to enrollees, as well as covering hepatitis A, B, and C treatments. Yet, if the administration is successful in establishing block grants for Medicaid, it will be undermining states’ ability to mount the campaigns needed to eliminate the epidemic by artificially limiting the amount of money states and the federal government can spend on health care, including, for example, initiatives to increase HIV and hepatitis testing, and expand access to PrEP (a prescription drug that protects against HIV).

“Ending the HIV and hepatitis epidemics requires building on the existing network of coverage, not eroding it,” said Rachel Klein, Deputy Executive Director of The AIDS Institute. “We urge the administration to demonstrate its commitment to fulfilling the promise of its Initiative by supporting the crucial safety net programs that deliver the services needed to end the epidemics.”

Ending the HIV and viral hepatitis epidemics are within our reach. We have the medicine to treat people who are living with HIV and viral hepatitis. We have the medicine to prevent HIV and hepatitis A and B infection. We have the medicine to cure hepatitis C. We know in what communities the risk is greatest, and the risk factors that lead to contracting the diseases. But we cannot end the epidemics without the full function of one of the most critically important health care programs in the nation.

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The AIDS Institute is a national non-partisan, nonprofit organization that promotes action for social change through public policy, research, advocacy and education.

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